

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

ALAMEDA COUNTY TREASURER
1221 OAK ST

OAKLAND, CA 94612

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 2,832,642.03

Gross Claim **\$2,832,642.03**

Net Claim / Payment Amount **\$2,832,642.03**

YTD Amount: **\$20,916,896.91**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE, CA 96120

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 72,214.45

Gross Claim **\$72,214.45**

Net Claim / Payment Amount **\$72,214.45**

YTD Amount: **\$533,248.55**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON, CA 95642

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 129,989.82

Gross Claim **\$129,989.82**

Net Claim / Payment Amount **\$129,989.82**

YTD Amount: **\$959,875.48**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY, CA 94704

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 240,009.40

Gross Claim **\$240,009.40**

Net Claim / Payment Amount **\$240,009.40**

YTD Amount: **\$1,772,286.02**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE, CA 95965

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 463,305.02

Gross Claim **\$463,305.02**

Net Claim / Payment Amount **\$463,305.02**

YTD Amount: **\$3,421,153.56**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS, CA 95249

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 140,555.68

Gross Claim **\$140,555.68**

Net Claim / Payment Amount **\$140,555.68**

YTD Amount: **\$1,037,896.31**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA, CA 95932

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 117,044.75

Gross Claim **\$117,044.75**

Net Claim / Payment Amount **\$117,044.75**

YTD Amount: **\$864,286.07**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ, CA 94553

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 1,799,382.87

Gross Claim **\$1,799,382.87**

Net Claim / Payment Amount **\$1,799,382.87**

YTD Amount: **\$13,287,067.56**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY, CA 95531

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 123,200.59

Gross Claim **\$123,200.59**

Net Claim / Payment Amount **\$123,200.59**

YTD Amount: **\$909,742.20**

For assistance, please call: John Bodolay at (916) 323-2154

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

EL DORADO COUNTY TREASURER
360 FAIR LN

PLACERVILLE, CA 95667

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 322,001.93

Gross Claim **\$322,001.93**

Net Claim / Payment Amount **\$322,001.93**

YTD Amount: **\$2,377,738.20**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

FRESNO COUNTY TREASURER
PO BOX 1406

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 1,948,352.45

Gross Claim **\$1,948,352.45**

Net Claim / Payment Amount **\$1,948,352.45**

YTD Amount: **\$14,387,094.05**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS, CA 95988

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 123,866.45

Gross Claim **\$123,866.45**

Net Claim / Payment Amount **\$123,866.45**

YTD Amount: **\$914,659.06**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

HUMBOLDT COUNTY TREASURER
825 FIFTH ST RM 125

EUREKA, CA 95501

Financial Activity

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Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 285,748.63

Gross Claim **\$285,748.63**

Net Claim / Payment Amount **\$285,748.63**

YTD Amount: **\$2,110,035.26**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

IMPERIAL COUNTY TREASURER
940 WEST MAIN ST

EL CENTRO, CA 92243 2863

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 393,664.54

Gross Claim **\$393,664.54**

Net Claim / Payment Amount **\$393,664.54**

YTD Amount: **\$2,906,911.80**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

INYO COUNTY TREASURER
PO BOX 0

INDEPENDENCE, CA 93526

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 83,544.35

Gross Claim **\$83,544.35**

Net Claim / Payment Amount **\$83,544.35**

YTD Amount: **\$616,911.21**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO, CA 95798 1240

Financial Activity

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Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 1,681,509.95

Gross Claim **\$1,681,509.95**

Net Claim / Payment Amount **\$1,681,509.95**

YTD Amount: **\$12,416,666.10**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO, CA 95812 1406

Financial Activity

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Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 330,797.45

Gross Claim **\$330,797.45**

Net Claim / Payment Amount **\$330,797.45**

YTD Amount: **\$2,442,686.38**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT, CA 95453

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 163,888.47

Gross Claim **\$163,888.47**

Net Claim / Payment Amount **\$163,888.47**

YTD Amount: **\$1,210,191.10**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE, CA 96130

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 123,395.36

Gross Claim **\$123,395.36**

Net Claim / Payment Amount **\$123,395.36**

YTD Amount: **\$911,180.42**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 22,617,795.24

Gross Claim **\$22,617,795.24**

Net Claim / Payment Amount **\$22,617,795.24**

YTD Amount: **\$167,015,134.96**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

MADERA COUNTY TREASURER
C/O BANK OF AMERICA
PO BOX 1859
SACRAMENTO, CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 346,463.75

Gross Claim **\$346,463.75**

Net Claim / Payment Amount **\$346,463.75**

YTD Amount: **\$2,558,370.03**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

MARIN COUNTY TREASURER
PO BOX 4220
CIVIC CENTER
SAN RAFAEL, CA 94913

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 448,848.51

Gross Claim **\$448,848.51**

Net Claim / Payment Amount **\$448,848.51**

YTD Amount: **\$3,314,403.29**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

MARIPOSA COUNTY TREASURER
PO BOX 36

MARIPOSA, CA 95338

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 84,185.67

Gross Claim **\$84,185.67**

Net Claim / Payment Amount **\$84,185.67**

YTD Amount: **\$621,646.84**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH, CA 95482

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 199,386.44

Gross Claim **\$199,386.44**

Net Claim / Payment Amount **\$199,386.44**

YTD Amount: **\$1,472,316.53**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

MERCED COUNTY TREASURER
PO BOX 981311

WEST SACRAMENTO, CA 95798 1311

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 582,956.21

Gross Claim **\$582,956.21**

Net Claim / Payment Amount **\$582,956.21**

YTD Amount: **\$4,304,686.14**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS, CA 96101

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 78,508.84

Gross Claim **\$78,508.84**

Net Claim / Payment Amount **\$78,508.84**

YTD Amount: **\$579,727.81**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

MONO COUNTY TREASURER
PO BOX 495

BRIDGEPORT, CA 93517

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 81,879.31

Gross Claim **\$81,879.31**

Net Claim / Payment Amount **\$81,879.31**

YTD Amount: **\$604,616.14**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

MONTEREY COUNTY TREASURER
PO BOX 1406

SACRAMENTO, CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 928,510.24

Gross Claim **\$928,510.24**

Net Claim / Payment Amount **\$928,510.24**

YTD Amount: **\$6,856,338.60**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA, CA 94559 3035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 266,744.32

Gross Claim **\$266,744.32**

Net Claim / Payment Amount **\$266,744.32**

YTD Amount: **\$1,969,702.99**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY, CA 95959

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 218,325.03

Gross Claim **\$218,325.03**

Net Claim / Payment Amount **\$218,325.03**

YTD Amount: **\$1,612,163.54**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

ORANGE COUNTY TREASURER
PO BOX 981024

WEST SACRAMENTO, CA 95798 1024

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 6,436,215.27

Gross Claim **\$6,436,215.27**

Net Claim / Payment Amount **\$6,436,215.27**

YTD Amount: **\$47,526,531.65**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn, CA 95603

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 540,611.20

Gross Claim **\$540,611.20**

Net Claim / Payment Amount **\$540,611.20**

YTD Amount: **\$3,992,000.62**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

PLUMAS COUNTY TREASURER
PO BOX 176

QUINCY, CA 95971

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 113,413.80

Gross Claim **\$113,413.80**

Net Claim / Payment Amount **\$113,413.80**

YTD Amount: **\$837,474.27**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

RIVERSIDE COUNTY TREASURER
C/O UNION BANK OF CA ST GOV
PO BOX 4035
SACRAMENTO, CA 95812 4035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 4,128,243.40

Gross Claim **\$4,128,243.40**

Net Claim / Payment Amount **\$4,128,243.40**

YTD Amount: **\$30,483,923.01**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SACRAMENTO COUNTY TREASURER
PO BOX 980264

WEST SACRAMENTO, CA 95798 0264

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 2,544,497.58

Gross Claim **\$2,544,497.58**

Net Claim / Payment Amount **\$2,544,497.58**

YTD Amount: **\$18,789,170.31**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER, CA 95023

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 158,276.56

Gross Claim **\$158,276.56**

Net Claim / Payment Amount **\$158,276.56**

YTD Amount: **\$1,168,751.47**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SAN BERNARDINO CO TREASURER
PO BOX 1859

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 4,178,392.66

Gross Claim **\$4,178,392.66**

Net Claim / Payment Amount **\$4,178,392.66**

YTD Amount: **\$30,854,236.95**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SAN DIEGO COUNTY TREASURER
PO BOX 980304

WEST SACRAMENTO, CA 95798 0304

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 6,489,004.21

Gross Claim **\$6,489,004.21**

Net Claim / Payment Amount **\$6,489,004.21**

YTD Amount: **\$47,916,337.65**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SAN FRANCISCO COUNTY TREASURER
PO BOX 2920

SACRAMENTO, CA 95814 2920

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 1,470,039.07

Gross Claim **\$1,470,039.07**

Net Claim / Payment Amount **\$1,470,039.07**

YTD Amount: **\$10,855,115.25**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SAN JOAQUIN COUNTY TREASURER
PO BOX 981355

WEST SACRAMENTO, CA 95798 1355

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 1,337,491.12

Gross Claim **\$1,337,491.12**

Net Claim / Payment Amount **\$1,337,491.12**

YTD Amount: **\$9,876,349.91**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO, CA 93406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 539,490.88

Gross Claim **\$539,490.88**

Net Claim / Payment Amount **\$539,490.88**

YTD Amount: **\$3,983,727.90**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SAN MATEO COUNTY TREASURER
C/O UNION BANK ST GOVT DEPT
PO BOX 4035
Sacramento, CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 1,291,922.91

Gross Claim **\$1,291,922.91**

Net Claim / Payment Amount **\$1,291,922.91**

YTD Amount: **\$9,539,863.51**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA, CA 93102

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 919,608.62

Gross Claim **\$919,608.62**

Net Claim / Payment Amount **\$919,608.62**

YTD Amount: **\$6,790,606.99**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SANTA CLARA CO TREASURER
PO BOX 1406

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 3,639,372.87

Gross Claim **\$3,639,372.87**

Net Claim / Payment Amount **\$3,639,372.87**

YTD Amount: **\$26,873,987.68**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ, CA 95061

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 584,442.32

Gross Claim **\$584,442.32**

Net Claim / Payment Amount **\$584,442.32**

YTD Amount: **\$4,315,659.92**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SHASTA COUNTY TREASURER
PO BOX 1859

SACRAMENTO, CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 384,365.47

Gross Claim **\$384,365.47**

Net Claim / Payment Amount **\$384,365.47**

YTD Amount: **\$2,838,245.28**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE, CA 95936 0376

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 73,774.20

Gross Claim **\$73,774.20**

Net Claim / Payment Amount **\$73,774.20**

YTD Amount: **\$544,766.07**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA, CA 96097

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 137,128.21

Gross Claim **\$137,128.21**

Net Claim / Payment Amount **\$137,128.21**

YTD Amount: **\$1,012,587.04**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD, CA 94533 6337

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 801,411.09

Gross Claim **\$801,411.09**

Net Claim / Payment Amount **\$801,411.09**

YTD Amount: **\$5,917,808.50**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SONOMA COUNTY TREASURER
PO BOX 1204

SACRAMENTO, CA 95812 1204

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 900,467.35

Gross Claim **\$900,467.35**

Net Claim / Payment Amount **\$900,467.35**

YTD Amount: **\$6,649,263.30**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

STANISLAUS COUNTY TREASURER
PO BOX 3052

MODESTO, CA 95353 3052

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 1,020,622.09

Gross Claim **\$1,020,622.09**

Net Claim / Payment Amount **\$1,020,622.09**

YTD Amount: **\$7,536,514.22**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY, CA 95992

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 378,501.79

Gross Claim **\$378,501.79**

Net Claim / Payment Amount **\$378,501.79**

YTD Amount: **\$1,790,818.81**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

TEHAMA COUNTY TREASURER
PO BOX 1150

RED BLUFF, CA 96080

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 158,860.87

Gross Claim **\$158,860.87**

Net Claim / Payment Amount **\$158,860.87**

YTD Amount: **\$1,173,066.16**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA, CA 91767

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 441,393.42

Gross Claim **\$441,393.42**

Net Claim / Payment Amount **\$441,393.42**

YTD Amount: **\$3,259,353.14**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

TRINITY CO TREASURER
PO BOX 1297

WEAVERVILLE, CA 96093 1297

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 81,570.53

Gross Claim **\$81,570.53**

Net Claim / Payment Amount **\$81,570.53**

YTD Amount: **\$602,336.03**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA, CA 93291

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 **To** 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 966,347.04

Gross Claim **\$966,347.04**

Net Claim / Payment Amount **\$966,347.04**

YTD Amount: **\$7,135,734.44**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA, CA 95370

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 151,811.95

Gross Claim **\$151,811.95**

Net Claim / Payment Amount **\$151,811.95**

YTD Amount: **\$1,121,015.24**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

VENTURA COUNTY TREASURER
C/O WELLS FARGO BANK
PO BOX 980307
WEST SACRAMENTO, CA 95798 0307

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 1,648,497.27

Gross Claim **\$1,648,497.27**

Net Claim / Payment Amount **\$1,648,497.27**

YTD Amount: **\$12,172,892.66**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200051A
PAYMENT ISSUE DATE: 10/15/2012

YOLO COUNTY TREASURER
PO BOX 1995

WOODLAND, CA 95695

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2012

Collection Period: 09/01/2012 To 09/30/2012

Payment Calculations:

Mental health Services apportionment amount for current period 430,210.79

Gross Claim **\$430,210.79**

Net Claim / Payment Amount **\$430,210.79**

YTD Amount: **\$3,176,777.94**

For assistance, please call: John Bodolay at (916) 323-2154